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## \*BIBDATASHEET\*

CONFIRMATION NO. 8881

Bib Data Sheet

SERIAL NUMBER 10/697,780	FILING DATE 10/30/2003  RULE	CLASS 473	GROUP ART UNIT 3711	ATTORNEY DOCKET NO. SCET.110325
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* None

\*\* FOREIGN APPLICATIONS \*\*\*\*\* None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 01/29/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY KS	SHEETS DRAWING 1	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <u>Anna F. Segura</u>	INITIALS <u>NFL</u>		

Verified and Acknowledged

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TITLE

Practice device

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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